

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

RULE 16(c) FINANCIAL REPORT

PROPERTY DIVISION, ALIMONY, COUNSEL FEES

DATE OF MARRIAGE:

DATE OF SEPARATION:

DATE OF DIVORCE:

CASE NAME:

FILE NUMBER:

PETITION NUMBER:

PETITIONER'S NAME:	
ADDRESS:	
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
HOME PHONE:	
WORK PHONE:	
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
YEARS EMPLOYED:	
POSITION OR OCCUPATION:	
CURRENT ANNUAL INCOME:	
PETITIONER'S ATTORNEY:	
ATTORNEY'S ADDRESS:	
PHONE #:	FAX #:
E-MAIL ADDRESS (optional):	

RESPONDENT'S NAME:	
ADDRESS:	
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
HOME PHONE:	
WORK PHONE:	
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
YEARS EMPLOYED:	
POSITION OR OCCUPATION:	
CURRENT ANNUAL INCOME:	
RESPONDENT'S ATTORNEY:	
ATTORNEY'S ADDRESS:	
PHONE #:	FAX #:
E-MAIL ADDRESS (optional)	

A. Names and dates of birth of minor children of the parties. Indicate with whom the child(ren) primarily reside: Mother (M); Father (F); Shared (S).

(P)

(R)

B. Names and dates of birth of any adult children residing with either party. Indicate whether the child is enrolled in school.

(P)

(R)

C. Describe your employment history for the past five years. Include the name of each employer, the dates of employment, the last annual income with each employer, and the reason employment ended. Start with your most recent employer.

PETITIONER (P):

EMPLOYER	START DATE	END DATE	ENDING ANNUAL INCOME	REASON FOR LEAVING

RESPONDENT (R):

EMPLOYER	START DATE	END DATE	ENDING ANNUAL INCOME	REASON FOR LEAVING

D. Do you have health/dental insurance benefiting you, your spouse and/or children of this marriage?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If so, please state the name of your insurance company, the group and member numbers and cost:

(P)

Insurance Company:
Group Number:
Member Number:
Monthly Cost:

(R)

Insurance Company:
Group Number:
Member Number:
Monthly Cost:

E. Does your employer offer a qualified and/or non-qualified pension plan?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

Are you a participant in any pension and/or retirement plan at your current place of employment?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

Were you a participant in any other pension and/or retirement plan(s) through previous employment?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If so, please state the name(s) of all plan(s), plan administrator(s), address(es) and phone number(s) in which you are a participant:

(P)

(R)

F. Do you have any other deductions from your pay (not including taxes), such as union dues, mandatory pension deductions, or other?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If so, please identify the deduction and monthly cost:

DEDUCTION	MONTHLY COST

DEDUCTION	MONTHLY COST

G. Do you participate in or own any life insurance on your life?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If so, please state the following:

Name of Plan	Policy Number	Type*	Beneficiary	Face Value	Cash Surrender Value	Monthly Cost	Basis for Non-Marital Claim

* Type: W= Whole Life T= Term E= Employer

H. Do you claim any inability to pay support due to ill health, disability or extraordinary expenses which results in dependency upon the other party for support and/or impairment of earning capacity?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If yes, please provide below the name and address of all treating physicians and state the nature of the disability:

(P)

(R)

I. Are you receiving any income from benefits such as Social Security retirement, Social Security Disability (SSDI), VA benefits, federal pension (CSRS or FERS), private disability or military pension?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If so, please indicate from where you receive the benefit(s) and the monthly amount:

BENEFIT	MONTHLY COST

BENEFIT	MONTHLY COST

J. During the last five (5) years, have you given, transferred, or entrusted your property (including cash) in excess of \$1000.00 in the aggregate to anyone other than a party to this proceeding?

(P) ☐ YES ☐ NO

(R) ☐ YES ☐ NO

If so, please name the recipient of each item and describe the item and its value:

(P)

(R)

INCOME INFORMATION

K. List annual gross income from all sources for last three years, including estimated gross income for current year:

PETITIONER	
3 years ago	\$
2 years ago	\$
1 year ago	\$
Current	\$

RESPONDENT	
3 years ago	\$
2 years ago	\$
1 year ago	\$
Current	\$

ASSETS OF THE PARTIES

“Assets” include all assets (property) of any kind, including real estate, and tangible and intangible personal property (such as bank accounts, stocks, bonds, etc.). Unless you explain otherwise, it will be presumed that you are the sole legal owner of any asset(s) identified in your answers. If you are not the sole legal owner, please explain the nature and extent of your ownership, including the name of all co-owners. **If the space provided is insufficient, please attach additional pages, indicating whether the attachment is supplied by Petitioner or Respondent.**

All property will be considered marital and subject to division unless a party indicates to the contrary. Such an indication must be made by listing one of the following reasons for claiming the property is non-marital under the “Basis for Non-Marital Claim” category:

- | | |
|--|---|
| <p>1. Premarital (Property owned by a party before marriage).</p> <p>2. Agreement (Property excluded by agreement of the parties).</p> <p>3. Post-Separation (Property acquired after separation).</p> <p>4. Exchange (Property acquired in exchange for premarital property).</p> | <p>5. Increase (The increase in value of property acquired before marriage).</p> <p>6. Gift (Property acquired by gift from a third person).</p> <p>7. Inheritance (Property acquired by inheritance).</p> |
|--|---|

PLEASE COMPLETE THE FOLLOWING INFORMATION:

REAL PROPERTY

L. Interests in real estate:

Address	In Whose Name	Market Value	Mortgage Balance	Source of funds for purchase	Basis for Non-Marital Claim
		(P)			
		(R)			
		(P)			
		(R)			
		(P)			
		(R)			

MOTOR VEHICLES

M. Automobiles, trailers, motorcycles, and other vehicles:

Make, Model & Year	In Whose Name	Date Acquired	Value by Petitioner*	Value by Respondent*	Balance on Loan	Who drives?	Basis for Non-Marital Claim

* NOTE: The Court generally uses the current retail NADA book value for automobiles

BANK ACCOUNTS

N. Checking accounts, savings accounts, certificates of deposit:

Name and Address of Institution	Account Number	Present Value	In Whose Name	Basis for Non-Marital Claim

RETIREMENT PLAN(S)

O. Profit sharing plans and/or retirement plans (other than your pension) such as an IRA:

Name of Plan	In Whose Name	Value of Plan & Date of Value	Does the Non-contributor Claim a Share of Post-Separation Contributions?		Basis for Non-Marital Claim
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	

INVESTMENTS

P. Stocks, mutual funds, securities, bonds and options:

Corporation	Shares	Class	In Whose Name	Date Acquired	Market Value	Basis for Non-Marital Claim

ANNUITIES

Q. Annuities:

Name and Address of Company	Amount of Payment	Date of First Payment	Duration of Payments	Beneficiary upon Death	In Whose Name	Basis for Non-Marital Claim

BUSINESSES

R. If you have any interest in any business, please state:

PETITIONER

NAME OF BUSINESS:
ADDRESS:
PERCENTAGE OF INTEREST OF BUSINESS:
YEARS OF OPERATION:
NAME OF ACCOUNTANT:
ACCOUNTANT'S ADDRESS:
BASIS FOR CLAIM THAT PROPERTY IS NON-MARITAL:
ARE THERE ANY BUY/SELL AGREEMENTS? Y <input type="checkbox"/> N <input type="checkbox"/>

RESPONDENT

NAME OF BUSINESS:
ADDRESS:
PERCENTAGE OF INTEREST OF BUSINESS:
YEARS OF OPERATION:
NAME OF ACCOUNTANT:
ACCOUNTANT'S ADDRESS:
BASIS FOR CLAIM THAT PROPERTY IS NON-MARITAL:
ARE THERE ANY BUY/SELL AGREEMENTS? Y <input type="checkbox"/> N <input type="checkbox"/>

HOUSEHOLD FURNISHINGS AND BELONGINGS

If the parties do not agree how to divide their household furnishings and belongings, the Court generally divides them by the “two-list” method. One party prepares two lists dividing all of the marital furnishings and belongings. The other party chooses which of the two lists of household furnishings and belongings he or she will keep. The party who prepared the two lists will keep the household furnishings and belongings listed on the remaining list.

PETITIONER

RESPONDENT

The household furnishings and belongings: have been divided

☐ Yes ☐ No

☐ Yes ☐ No

will be divided by the

“two-list” method ☐ Yes ☐ No

☐ Yes ☐ No

OTHER ASSETS

S. Other Asset:	In Whose Name	Value

DEBTS OF THE PARTIES

T. Please complete the chart below regarding **ALL** of the debts incurred during this marriage

Write the name of the creditor (the institution, company, person, etc.) to whom money is owed	Write the name of the person responsible to the creditor	Write the general purpose of the debt incurred (why was the money borrowed?)	Write the date the debt was incurred	Write the amount of money owed on the date of separation	Write the amount of money owed on the date of divorce	Would you like credit for the money you paid after the date of separation? If so, how much?
1)				(P)	(P)	(P)
				(R)	(R)	(R)
2)				(P)	(P)	(P)
				(R)	(R)	(R)
3)				(P)	(P)	(P)
				(R)	(R)	(R)
4)				(P)	(P)	(P)
				(R)	(R)	(R)
5)				(P)	(P)	(P)
				(R)	(R)	(R)
6)				(P)	(P)	(P)
				(R)	(R)	(R)
7)				(P)	(P)	(P)
				(R)	(R)	(R)
8)				(P)	(P)	(P)
				(R)	(R)	(R)
9)				(P)	(P)	(P)
				(R)	(R)	(R)
10)				(P)	(P)	(P)
				(R)	(R)	(R)
11)				(P)	(P)	(P)
				(R)	(R)	(R)
12)				(P)	(P)	(P)
				(R)	(R)	(R)
13)				(P)	(P)	(P)
				(R)	(R)	(R)
14)				(P)	(P)	(P)
				(R)	(R)	(R)
15)				(P)	(P)	(P)
				(R)	(R)	(R)

PETITIONER'S EXPENSE INFORMATION

List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

ITEM	CURRENT EXPENSES	ESTIMATED EXPENSES
Rent		
Mortgage (taxes, insurance and escrow)		
Water		
Sewer		
Electric		
Gas		
Oil		
Garbage		
Cable television		
Telephone		
Household items		
Household maintenance and repairs (list)		
Item:		
Item:		
Groceries		
Clothing		
Health Insurance (COBRA)		
Out-of-pocket medical and dental expenses for self		
Medical and dental expenses for the children		
Work-related child care		
School tuition for children of the parties		
School tuition for other children		
Laundry and dry cleaning		
Toys and presents		
Cosmetics and toiletries		
Hobbies		
Barber and hairdresser		
Newspaper, magazine subscriptions		
Charitable and/or religious donations		
Vacation		
Entertainment and miscellaneous		
Transportation (other than auto)		
Automobile		
Monthly payment		
Repairs and maintenance		
Insurance		
Gasoline		
Life Insurance		
Other		
TOTAL		

RESPONDENT'S EXPENSE INFORMATION

- V. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

ITEM	CURRENT EXPENSES	ESTIMATED EXPENSES
Rent		
Mortgage (taxes, insurance and escrow)		
Water		
Sewer		
Electric		
Gas		
Oil		
Garbage		
Cable television		
Telephone		
Household items		
Household maintenance and repairs (list)		
Item:		
Item:		
Groceries		
Clothing		
Health Insurance (COBRA)		
Out-of-pocket medical and dental expenses for self		
Medical and dental expenses for the children		
Work-related child care		
School tuition for children of the parties		
School tuition for other children		
Laundry and dry cleaning		
Toys and presents		
Cosmetics and toiletries		
Hobbies		
Barber and hairdresser		
Newspaper, magazine subscriptions		
Charitable and/or religious donations		
Vacation		
Entertainment and miscellaneous		
Transportation (other than auto)		
Automobile		
Monthly payment		
Repairs and maintenance		
Insurance		
Gasoline		
Life Insurance		
Other		
TOTAL		

IF ANY PARTY DELIBERATELY FAILS TO DISCLOSE INFORMATION REQUIRED IN THIS REPORT OR DELIBERATELY MISREPRESENTS INFORMATION IN RESPONSE TO QUESTIONS IN THIS REPORT, THE COURT MAY IMPOSE SANCTIONS, INCLUDING, BUT NOT LIMITED TO, AWARDING THE ENTIRE ASSET TO THE OTHER PARTY REGARDLESS OF ANY OTHER EQUITABLE CIRCUMSTANCES, AWARDING ATTORNEY'S FEES OR OTHER EXPENSES INCURRED FOR THE ADDITIONAL TIME REQUIRED TO DISCOVER THE ASSET, OR ANY OTHER PENALTY THAT THE COURT DEEMS APPROPRIATE.

PROPOSED DIVISION

Please list below the proposed division of property and debts and reasons for proposal, to the extent known:

PETITIONER

RESPONDENT

STATE OF _____ :
COUNTY OF _____ : SS.

BE IT REMEMBERED that on this _____ day of _____, _____, appeared before me, a Notary Public for the State and County aforesaid,

_____, who being by
(Name of Petitioner)
me duly sworn according to law, did depose and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

PETITIONER

NOTARY PUBLIC OR CLERK OF COURT

COUNSEL FOR PETITIONER, IF ANY

DATE

STATE OF _____ :
COUNTY OF _____ : SS.

BE IT REMEMBERED that on this _____ day of _____, _____, appeared before me, a Notary Public for the State and County aforesaid,

_____, who being by
(Name of Respondent)
me duly sworn according to law, did depose and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

RESPONDENT

NOTARY PUBLIC OR CLERK OF COURT

COUNSEL FOR RESPONDENT, IF ANY

DATE